

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007959

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED MAR 14 1963

Primary Registration District No. 4410 Registrar's No. 12

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY: <b>PHELPS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: <b>MO</b> b. COUNTY: <b>PHELPS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: <b>ST. JAMES</b>		c. CITY OR TOWN: <b>ST. JAMES</b>	
Length of stay in 1b: <b>1 1/2 YRS.</b>		Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print): <b>DELLA MAY HELTERBRAND</b>		4. DATE OF DEATH Month: <b>3</b> Day: <b>10</b> Year: <b>1963</b>	
5. SEX: <b>FEMALE</b>	6. COLOR OR RACE: <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH: <b>6-17-1886</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME: <b>TANDY DALTON</b>		11b. MOTHER'S MAIDEN NAME: <b>MARTHA SHIPMAN</b>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): <b>NO</b>		12b. SOCIAL SECURITY NO.:	
13. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Septicemic Pneumonia</b> )		14. NAME OF HUSBAND OR WIFE: <b>EDWARD</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: <b>Cerebro-Vascular Accident</b>		15. INFORMANT: <b>RUTH HELTERBRAND, ST. JAMES, MO</b>	
DUE TO (b) <b>Septicemia</b>		16. ADDRESS: <b>ST. JAMES, MO</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY: Hour: a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION: <b>ST. JAMES, MO</b>		
21. I attended the deceased from <b>Nov 1962</b> to <b>3/10/63</b> and last saw her alive on <b>3/10/63</b> Death occurred at <b>1:30 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE: <b>Frank E. Wood</b> (Degree or title)		22b. ADDRESS: <b>St. James, Mo</b>	
22c. DATE SIGNED: <b>3/12/63</b>		22d. DATE SIGNED: <b>3/12/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify): <b>BURIAL</b>	23b. DATE: <b>3-13-1963</b>	23c. NAME OF CEMETERY OR CREMATORY: <b>OAK RIDGE</b>	23d. LOCATION (City, town, or county) (State): <b>CRAWFORD CO. MO</b>
24. FUNERAL DIRECTOR: <b>FRANK E. WOOD, STEELVILLE, MO</b>		25. DATE RECD. BY LOCAL REG.: <b>3-12-63</b>	
26. REGISTRAR'S SIGNATURE: <b>Ruth B. Powell</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Permit renewed 3-12-63 at 240.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

Frank E. Wood

Licensed Embalmer No.

4026

P. O. Address

Steelville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.